

TEFAP COMMODITIES AT PANTRY, SOUP KITCHEN AND SHELTER INVENTORY REPORT

Instructions: Refer to page two for instructions to complete this form.

Name - Distribution Site											Month / Full Year		
Address - Street				City				Zip Code		County			
TEFAP Commodities	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	JUL	AUG	SEPT	YTD Total
A. Full cases on hand beginning of month													
B. Cases received this month from agency (from CFS-2000)													
C. Full cases available (add lines A + B)													
D. Total cases distributed this month													
E. Total cases on hand (subtract line C - D) *													
F. 1. Cases delivered per CFS-2000													
2. Overage/Shortage (line F1-B)													
G. Total pounds of Non- USDA Food / Non- Food Items Distributed													
H. Number of Meals Served													
I. Number of Households Served													
J. Number of Adults													
K. Number of Children													
L. Total (line J + K)													

***This number will be carried over to line A on next month's report.**

I, the undersigned, hereby certify that the foregoing information is true and correct; that the commodities of the kind and quantity as indicated on line A and C were received during the month; and that the inventory of commodities on hand at the close of the month, as reported on line F, was determined by **actual physical count**.

SIGNATURE - Authorized Outlet Worker

Title

Date Signed

INSTRUCTIONS FOR COMPLETING CFS-2002A

Complete form CFS-2002A, "TEFAP Commodities at Pantry, Soup Kitchen and Shelter Inventory Report," at the end of each month. Forward the completed form to your EFO at the address listed below:

EFO Name: _____
Attention: _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Fax Number: _____

- Line A Fill in the actual number of cases of each commodity on hand from the previous month. This number will be the same as line E on previous month's report.
- Line B Fill in the actual number of cases of each commodity received from your EFO during the month covered by this report as indicated on form CFS-2000.
- Line C Add the amounts shown in line A and B for each food item and enter the total cases.
- Line D Fill in the actual number of cases of each commodity distributed this month.
- Line E Subtract line D from C to determine actual number of cases of each commodity on hand the last day of the month. A physical count must be conducted to ensure accuracy.
- Line F Enter number of commodities received from the EFO on form CFS-2000 on F1. If you received less than what is stated on the CFS-2000, enter that number (____) in parenthesis in F2. If you received more than what is stated on CFS-2000, enter that number in this box.
- Line G Fill in the amount of pounds on non-USDA food or non-food items distributed this month and year-to-date.
- Line H Enter the TOTAL number of meals served by this soup kitchen or shelter this month.
- Line I Enter the TOTAL number of households, including adults and children, served by this pantry this month.
- Line J Enter the TOTAL number of adults served.
- Line K Enter the TOTAL number of children served.
- Line L Add the amounts shown in line J and K and enter the total.

Original signature of authorized program representative is required on each report.

Explain each overage and/or shortage for this month as indicated in Section G. If more space is need, attach separate sheet(s).